

## **Montana Healthcare Reenrollment FAQs**

### **Why do I have to reenroll with Montana Medicaid, Children's Health Insurance Plan (CHIP)—dental/eyeglasses, and Mental Health Services Plan (MHSP)?**

The Department of Public Health and Human Services is requiring a complete reenrollment of all providers participating in Montana's Healthcare Programs (Medicaid, MHSP, and CHIP—dental/eyeglasses) as recommended by the Office of Inspector General (OIG). This will provide the opportunity to coordinate reenrollment with the collection of National Provider Identifier (NPI) related information. To participate in Montana's Healthcare Programs after September 30, 2007, healthcare providers will reenroll with their NPI and atypical providers will reenroll to obtain a new proprietary number. Prior to September 30, 2007, providers will continue to use their current Medicaid, MHSP and CHIP provider numbers to bill claims.

### **How do I reenroll?**

After March 1, 2007, all reenrollments must be completed online, unless extenuating circumstances exist. Online enrollments process more efficiently and the web editing capabilities will assist you in completing all of the required information. Paper enrollments often need to be returned for corrections. If extenuating circumstances exist that prevent you from accessing the web portal, you may call Provider Relations at 800-624-3958 or send an email to [mtprhelpdesk@acs-inc.com](mailto:mtprhelpdesk@acs-inc.com) to request a paper application.

### **Do I need a National Provider Identifier (NPI) to reenroll?**

All healthcare providers, both individuals and organizations such as clinic or hospitals, must obtain a National Provider Identifier (NPI) and supply it in their reenrollment information. For more information on how to obtain an NPI, go to [www.nppes.cms.hhs.gov](http://www.nppes.cms.hhs.gov) or call (800) 465-3203. Providers that do not provide healthcare services, such as personal care and non-emergency transportation providers, are considered atypical and are not eligible for NPIs but still need to reenroll to participate in Montana's Healthcare Programs.

### **I don't have an NPI. Do I need to reenroll?**

If you are a healthcare provider, you must obtain an NPI. However, providers that do not provide healthcare services (atypical), such as personal care and non-emergency transportation providers, are not eligible for NPIs but still need to reenroll. You will be assigned another proprietary number to bill for services.

### **I just enrolled with one of Montana's Healthcare Programs. Do I have to enroll again?**

Yes, if you have enrolled as a new provider to bill services prior to September 30, 2007, you will need to reenroll to bill on and after October 1, 2007.

**Will I receive a new proprietary number to bill for services?**

If you have a National Provider Identifier (NPI), you will be required to use the NPI on your Montana's Healthcare Programs claims after September 30, 2007. Organizations such as clinics will use their clinic NPI as the billing provider and the NPI for the individual providing the services as the rendering provider. If you are an atypical provider that does not require an NPI, you will be assigned a new proprietary number for billing and web-based transactions.

**I am a clinic and could not previously enroll as a clinic type. How do I enroll?**

A significant policy and billing change is being made with the implementation of NPI. Currently, clinics/groups are typically not permitted to enroll and each individual that renders service is required to enroll separately for each clinic or group in which he or she works. This policy is being changed to align Montana's Healthcare Programs billing with the rest of the industry. Clinics and groups are now permitted to enroll and will be the billing provider on claims received on and after October 1, 2007. The individual providing the service will be indicated on the claim as the rendering provider. The exceptions to this rule are Mental Health Centers and Chemical Dependency Clinics, as rendering providers will not be required on these claims. Individuals may only enroll one time, regardless of the number of clinics or groups in which they work. Therefore, it is critical that you work with the individuals in your organization to ensure that duplicate enrollments are not submitted for them. More information on the billing changes will be provided via separate notices.

**How do I know which taxonomy code to use for reenrollment?**

The confirmation letter or email you received from NPPES will contain the taxonomy you need to use for reenrollment. Taxonomy codes are listed on the website under the appropriate provider type.

**What is a Preferred Out-of-State Hospital?**

A Preferred Out-of-State Hospital is a hospital located more than 100 miles outside the Montana border that has signed an agreement with the Department to provide specialized services that require prior approval by the Department or its designated utilization review organization. By agreeing to become a "Preferred Hospital," the facility will be reimbursed at the hospital-specific cost-to-charge ratio and will be cost settled annually. Reimbursement without authorization will be reimbursed at the in-state DRG payment rates and will not be eligible for cost settlement.

**Where do I find my four-digit ZIP code extension?**

<http://zip4.usps.com/zip4/welcome.jsp>

### **How do I fill out the tax reporting information?**

The tax reporting information is needed for generating 1099 tax information. Use the tax-reporting information from your W-9 to complete the tax-reporting section of the reenrollment.

### **Do I need to fill out the ownership/control information?**

Yes. CMS requires that ownership information be collected for all healthcare providers that provide services that are publicly funded so states can qualify for federal funds. Refer to CFR 42 455.100, 455.101, 455.102, 455.103, 455.104, 455.105, and 455.106. There is no distinction between for-profit and not-for-profit. Enrollments will be denied if ownership information is not provided.

### **What is the beginning and end date of my previous provider numbers?**

If you do not know the exact enrollment dates of your previous provider number, leave the effective and end dates blank.

### **Why am I required to sign up for Electronic Funds Transfer (direct deposit)?**

The Department realizes a significant cost savings with Electronic Funds Transfer (EFT). EFT also makes funds available to you more quickly than paper checks. If you feel you have extenuating circumstances that prohibit you from receiving payment via EFT, request a waiver by including a signed letter explaining why paper checks are required. The Department will mandate EFT for all Montana's Healthcare Programs providers within the next two years. At that time, providers not currently receiving their Montana's Healthcare Programs payment electronically will be notified and be required to provide electronic payment information. The electronic payment option allows Montana's Healthcare Programs providers to receive their payments on Monday of the payment week. In addition, by choosing EFT and electronic remittance advices, providers are able to receive weekly payments and remittance advices which are available for download from the provider web portal.

### **How do I know if I am a Provider-Based Facility?**

Provider-based status means the relationship between a hospital as the main provider and one of the following as defined by rule:

- A provider-based entity is a health care provider "that is either created by, or acquired by, a main provider for the purpose of furnishing health care services of a different type from those of the main provider under the name, ownership, and administrative and financial control of the main provider."
- A department of a provider is a "facility or organization or a physician office that is either created by, or acquired by, a main provider for the purpose of furnishing health care services of the same type as those furnished by the main provider under the name, ownership, and financial and administrative control of the main provider."

- A department cannot be licensed to provide health care services in its own right or be qualified on its own to participate in Medicare. The definition does not include a rural health clinic ("RHC") or a federally qualified health center ("FQHC") except in limited circumstances.
- A remote location of a hospital is defined as "a facility or organization that is either created by, or acquired by, a hospital that is a main provider for purposes of furnishing inpatient hospital services under the name, ownership, and financial and administrative control of the main provider." The remote location is not licensed in its own right or separately certified as a Medicare provider.
- A satellite facility is a hospital unit or part of a hospital unit that provides inpatient services in a building also used by another hospital or in one or more buildings on the same campus as buildings used by another hospital. "Campus" is defined as the area immediately adjacent to the main buildings and other areas and buildings not strictly contiguous but that are located within 250 yards of the main buildings.

All providers who are provider-based facilities are required to send the CMS letter received designating them as a provider-based facility.

#### **What is the government agency name and address on the direct deposit form?**

The government agency name on the direct deposit form is DPHHS. The address is P.O. Box 4210, Helena, MT 59635.

#### **Why does the bank have to sign my direct deposit form?**

Section 3 requires a bank representative signature to guarantee that the bank account belongs to the provider. Please send back the completed direct deposit form with the provider's enrollment.

#### **What number goes in Section 1, Box C of the direct deposit?**

The provider's National Provider Identifier (NPI). If you are an atypical provider you may leave this field blank.

#### **How will I know if my enrollment is complete?**

You will receive a welcome letter from ACS informing you that your enrollment is active. The welcome letter will contain either your NPI for healthcare providers or your new proprietary number for atypical providers and can be used for transactions or claims submitted on or after October 1, 2007.